



Category: <b>Cermak Health Services</b>		
Subject: <b>Governance and Administration</b>	Page 1 of 3	Policy #: A-08
Title: <b>COMMUNICATION ON PATIENT'S HEALTH NEEDS</b>	Approval Date: 04/11/2017	Posting Date: 04/11/2017

## PURPOSE

The purpose of this policy is to establish methods for the communication of inmates' significant health needs from health staff to correctional staff.

## AFFECTED AREAS

This policy affects all areas of Cermak Health Services.

## POLICY

Health staff will communicate with correctional staff requiring inmates' significant health needs, within limits allowed by federal and state laws and regulations regarding protected health information. The purposes of sharing this information are to recommend accommodation for inmates with disabilities and to provide anticipatory guidance for officers, relative to classification decisions in order to preserve the health and safety of inmates, other inmates, or staff.

Correctional staff are advised of inmates' special health needs that may affect housing, work, and program assignments; disciplinary measures; and admissions to and transfers from institutions. Such communication is documented. Health and custody staff communicated about inmates with special needs conditions that may include, but are not limited to, the following:

1. chronically ill
2. on dialysis
3. adolescents in adult facilities
4. have communicable disease
5. physically disabled
6. pregnant
7. frail or elderly
8. terminally ill
9. mentally ill or suicidal
10. developmentally disabled
11. suspected victim of physical or sexual abuse

Regarding protected health information, see Cermak Policies A-09 and H-02. Regarding health alerts for aids to impairment, also see Cermak Policy G-01, G-02, G-02.10, and G-10. Regarding medical diets see Cermak Policy F-02.

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## PROCEDURE

### A. To establish a health alert

*Cermak's Chair of Correctional Health (Chair)* will:

1. Determine the need for additions or change in the existing menu of health alerts;
2. Communicate these changes to information technology staff for Cermak Health Services and to a designated liaison for the Cook County Department of Corrections (CCDOC) so that they can be incorporated into Cerner and CCDOC'S electronic information systems, respectively;
3. Provide an updated version of the "Quick Guide to Health Alerts for Correctional Officers" (See Appendix A) to the following:
  - a. The Executive Directors of CCDOC and the Sheriff's Training Academy;
  - b. Cermak's director of quality improvement.
4. Notify health staff regarding the change.

### B. To enter a health alert

*Qualified medical and mental health professionals and staff*, upon identification of a health condition or health need, will:

1. Decide whether an alert is necessary based on the clinical encounter (see Appendix B);
2. Enter an "Alert CCDOC" order into Cerner when necessary. The alert will be electronically transmitted via interface to the CCDOC jail management system.

*Correctional officers* will see alerts in red on the CCDOC CCOMS jail management system.

See **APPENDIX A** – A Quick Guide to Health Alerts for Correctional Officers

See **APPENDIX B** – Bed Control Key

See **APPENDIX C** – CCDOC New Inmate ID Notification

## CROSS REFERENCES

NCCHC Standards addressed by this policy	A-08
Pertinent ACA Standards	4-ALDF-4C-40
Cermak policy number in last revision	n/a
Revision dates of all previous versions	1/2016, 11/2014, 5/2012
Date of last review, if later than last revision	n/a
Other related Cermak policies	A-09, G-01, G-02, G-02.10, G-10, H-02
Pertinent system-wide CCHHS policies	n/a
Pertinent custody directives	n/a

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### POLICY UPDATE SCHEDULE

To be reviewed no later than 1 year after posting date.

**POLICY LEAD** Chair of Correctional Health

**REVIEWER(S)** Director of Nursing

### APPROVAL PARTY (IES)

  
Chief Operating Officer

  
Chair of Correctional Health

  
Director of Nursing

  
Division Chief of Correctional Psychiatry

### REVIEW HISTORY

Written: August 01, 2010

Revised: May 25, 2012

Revised: November 25, 2014

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4/8/2017

**APPENDIX A**

**A Quick Guide to Health Alerts for Correctional Officers**

Cermak Health Services communicates health needs of jail patients to the Department of Corrections through a system of health alerts, which are posted in the CCDOC CCOMS information system. This listing, a companion document to Cermak Policy A-08, specifies the action to be taken by correctional staff for each alert.

**Accommodation Plan – Cuff in Front** - Medical staff recommend handcuffing in front of the body due to orthopedic or other medical issues of shoulder, arm, wrist, or hand. This alert has been ordered and vetted by Cermak specialists.

**Accommodation Plan – Medical Equipment** - The patient has some medical equipment not otherwise specified.

**Accommodation Plan – Protective Eyewear** - The patient has been advised to utilize goggles due to being blind in one eye or other medical issues.

**Accommodation Plan – Shoe Insert** - The patient has been advised to use an orthotic, AFO, or other shoe insert due to orthopedic or other medical issues of the leg, ankle or foot.

**Authorized Involuntary Medication** - Involuntary psychotropic medications (non-emergency basis) authorized by a court order.

**Bladder Catheter** – The patient cannot pass urine in the normal manner and must use a tube to empty the bladder. The patient should be allowed to keep and use supplies provided by the health service.

**Blind** –Medical staff will recommend specific accommodations on a case-by-case basis. Some legally blind patients have a limited degree of vision, while others are totally blind. Patients with this alert should also be handled as Lower Bunk.

**Blood Thinner/Bleeding Disorder** – The patient takes a strong medication or has a health condition that prevents blood from clotting normally. Trauma may cause serious internal bleeding without visible signs. If trauma occurs, take the patient for medical attention promptly. Patients with this alert should also be handled as Lower Bunk.

**Brace/Collar** – The patient has a brace to stabilize the ankle or knee, or the upper extremity, back or neck. Patients with this alert should also be handled as Lower Bunk.

**Cane/Cane LDO (Long Distance Only)** – Allow the patient to use a cane. (Medical staff will specify a review date and may also set limits on use, such as "when out of the housing division" or LOO (long distance only)). Patients with this alert should also be handled as Lower Bunk.

**Cast/Splint** – The patient is wearing a cast or splint made of plaster or fiberglass. Patients with any of these alerts should be handled as Lower Bunk. Patients should be given plastic barrier for hygiene purposes (showering).

**Clear Before Release** – It is medically unsafe for the patient to leave the jail without seeing a physician or qualified mental health professional first. If a judge releases the patient, take him or her to Cermak's Urgent Care for instructions. Patients with this alert should also be handled as Medical or Mental Health Housing. All P4/M4 are considered Clear Before Release unless otherwise indicated.

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**Cognitive Impairment** – The patient has a mental disability which may result in inability to understand procedures or communicate effectively. Confer with Cermak staff as needed.

**Crutches/Crutches LDO (Long Distance Only)** – Allow the patient to use crutches. Patients with this alert should be handled as Lower Bunk.

**Deaf/Hearing Impaired** – Medical staff will recommend a preferred method of communication, such as sign language or TDD terminal, on a case-by-case basis. Contact Program Services to make specific arrangements. Housing assignment per Interagency Accommodation Committee.

**Detox** – The patient is at risk for withdrawal from alcohol, opiates, benzodiazepines, or substances. Patients with this alert are to be house in Detox medical housing, RTU, SCU, or Prenatal tier. See Bed Control key. These patients may be at risk for overdose during their incarceration.

**Diabetes** – The patient needs to eat meals on a regular schedule to avoid low blood sugar caused by diabetic medication. Low blood sugar (hypoglycemia) can cause shakiness, dizziness, confusion, bizarre behavior and, in severe cases, unconsciousness. Allow the patient to retain snack items in the cell to take if symptoms of low blood sugar develop. If the patient has no food or symptoms do not resolve with food, then take the patient for medical attention promptly.

The diabetic patient also needs to receive medications regularly to avoid high blood sugar. High blood sugar (hyperglycemia) can cause excessive urination, rapid weight loss and, in severe cases, unconsciousness. If the patient has these symptoms, or cannot take food or medication due to nausea and vomiting, then take him or her for medical attention promptly.

**Discharge Medications** – Arrangements have been made for prescription to be available after release from custody. Follow CCDOC protocol at time of release.

**Epi Pen** – The patient has been advised to use an epinephrine injector pen in case of allergic emergency. If symptoms such as shortness of breath, dizziness, hives, or facial swelling develop, then take the patient immediately to the divisional dispensary or to the Urgent Care or activate EMS or 911.

**External Fixator** – The patient has a broken bone, which is being held together by bolts and rods that pierce the skin. Use special caution to avoid re-injury.

**Hemodialysis/No Court M-W-F** – The patient has kidney failure and needs to be hooked up to a kidney machine three times a week. Schedule court dates for Tuesdays or Thursdays because dialysis treatments take place on Mondays, Wednesdays, and Fridays. If a court date conflicts with a hemodialysis date, contact medical staff to make special arrangements.

**History of Serious Suicide Attempt** – In the past, while in the Sheriff's custody, the patient has made a suicide attempt that either was considered potentially life-threatening or required medical treatment for serious harm. Be aware of the possibility of future serious attempts.

**Hoards Medication** – In the past, the patient has possessed and/or intentionally ingested excessive amounts of medication. Follow CCDOC protocol.

**Immobilizer** – Allow the patient to use the indicated medical device. Patients with this alert should be handled as Lower Bunk.

**Inhaler** – The patient has been prescribed an inhaler for respiratory issues which should be maintained as keep on person. The patient has been instructed to notify Cermak when a new inhaler is needed and to turn in the empty inhaler. The patient may have more than one inhaler in his/her possession. Inhalers should not be confiscated.

**Isolation** – The patient may have an infectious disease that may be contagious. House the patient as designated by medical staff. The patient should not be moved to court or visits. If movement is a medical



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necessity, then check with health staff regarding appropriate precautions during movement, such as masking the patient. Patients with this alert should also be handled as Clear Before Release.

**Jaw Wired** – The patient has a broken jaw, which has been wired shut in order to heal. He or she should receive a liquid diet. Vomiting can be fatal because the vomit has no escape route and go down into the lungs. If patient is on distress, medical staff have wire cutters immediately available in case of medical emergency.

**Lower Bunk** – The patient has a medical condition that increases the risk of injury due to a fall from an upper bunk. Assign patient to a lower bunk.

**Linkage Alert – Mental Health** - Alerts assigned by Medical Social Worker to denote that community care linkage exists for patients on mental health caseload.

**Linkage Alert – Substance Use** - Alerts assigned by Medical Social Worker to denote that community care linkage exists for patients on substance use disorder caseload.

**Medical Housing** – See M4, M3, M2 - Refer to Bed Control Key

**M4- Medical Special Care Unit (MSCU)** – Patients is recommended for monitoring and care in an environment with direct access to a nurse. Cermak Medical Special Care Unit- See Bed Control key.

**M3 – Medical Intermediate** - Patients is recommended for housing with 24/7 nursing and access to special accommodations but does not need M4 Special Care Unit level of care (Residential Treatment Unit- RTU- see Bed Control key.

**M2 - DXD Medical**– Patients need dose by dose medication for a medical condition and does not have an M3 requirement. See Bed Control key.

**Naloxone Trained** - The patient has received education from Pharmacy regarding use of naloxone to manage opioid overdose release, and will be provided a discharge kit upon release.

**Opioid Treatment Program (OTP)** – The patient is on methadone. Bring him or her to the Pharmacy or designated area each day for administration of his or her daily dose.

**Ostomy** -- The patient cannot pass feces or urine in the normal manner and has an artificial opening for emptying his or her bowels or bladder. The patient should be allowed to keep and use supplies provided by the health service.

**Oxygen** – The patient has been advised to use oxygen continuously. When off the tier, should travel with an oxygen tank. Patients with this alert should also be handled as M4 (MSCU). Court Transporters should coordinate with healthcare to ensure adequate oxygen supply.

**Paraplegia/Tetraplegia** - The patient has significant paralysis or weakness of one to four limbs. Individuals with this alert should be handled as Lower Bunk, Wheel Chair and/or Walker.

**Pregnant/Perinatal Housing** – The patient either is pregnant or has recently been pregnant. House the patient in the RTU or Cermak Special Care Unit and proceed in accordance If the patient has vaginal bleeding or feels that she is going into labor, take her for medical attention promptly. Allow the patient to keep snack items in the cell if she wishes because the nausea of pregnancy may prevent her from taking adequate nutrition at mealtimes. Patients with this alert should be handled as Lower Bunk and Perinatal Housing.

**Prosthetic Limb** – Allow the patient to use the indicated medical device to replace the amputated limb. Patients with this alert should also be handled as Lower Bunk. Notify Cermak if the device is malfunctioning.

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**Psychiatric / Mental Health Housing** – See P4, P3, P2 - Refer to Bed Control Key

**P4 - Psychiatric Special Care Unit (PSCU)** – Severe functional impairment with regression, disorganization, and chaotic functioning, such as failure perform ADLs; and/or Behavior related to major mental illness that results in imminent risk of harm to self or others.

**P3 - Mental Health Intermediate** – Moderate or serious symptoms; and/or some impairment in reality testing or communication; and/or moderate to serious impairment in social and overall functioning.

**P2 - Mental Health Outpatient** – Minor or intermittent functional impairment; patient functions safely and independently in the designated correctional setting(s).

**Seizure Disorder** – The patient with a seizure disorder may experience convulsions or smaller seizures without convulsions. During and after a seizure, the patient may be confused and disoriented for a period of minutes. Immediately after the seizure, the patient may not respond appropriately to questions and commands. If the patient has a seizure, bring him or her for medical attention. If the seizure does not stop, call 911. (See Emergency Code Sheet). Patients with this alert should also be handled as Lower Bunk.

**Sleep Apnea/CPAP** - The patient has a diagnosed obstructive airway disorder with sleep disruption, snoring, and occasional notable pauses with breathing. This individual should be housed in a unit that allows the use of a CPAP machine while sleeping and should be handled as Lower Bunk.

**Transgender/Gender Non-Conforming** – Proceed in accordance with Interagency Directive 64.5.43.1, "Management of Transgender Inmates." Please call the patient by their preferred name / pronoun.

**Walker/LDO (Long Distance Only)** – Allow the patient to use a walker. Medical staff will specify a review date and may also set limits on use, such as "when out of the housing division." Patients with this alert should also be handled as Lower Bunk.

**Wheelchair/LDO (Long Distance Only)** – Allow the patient to use a wheelchair. Patients with this alert should also be handled as Lower Bunk.